

completely removed. Sometimes, when the prepuce has been supposed to have been incised, a fold of the skin only, and not the mucous membrane, has been cut through.—*Ibid.*, from *Prag. Vierteljahr.*, No. 1.

24. *Lymphatic Tumours.*—At the meeting of the Surgical Society of Paris on June 22d, M. TRÉLAT related the case of a young man who had come under his care with a rare disorder—tumours formed of dilatations of the lymphatic vessels. The patient was robust and of good muscular development. He was a native of the island of Bourbon, which he had left for the first time in order to come to France. He had never had syphilis; there was no trace of scrofula, nor were there any enlarged glands in the neck or axillæ. When he was about fifteen years of age, a small enlargement appeared below the fold of the left groin; and soon afterwards, while performing gymnastic exercises, the patient was seized with severe pain on the right side, which was found to proceed from an inguinal hernia. This was reduced, and a truss was applied; but the region above the pad remained enlarged, especially after walking or exertion—there was, in fact a tumour in the right groin also, independently of the hernia. The patient at first paid no attention to the malady; and could not inform M. Trélat whether the tumours grew rapidly or slowly. He stated, however, that they had remained nearly stationary during the last four years.

When M. Trélat first saw the patient, he had an inguinal hernia on the right side. In addition, Scarpa's triangle on each side was occupied by a tumour elongated from below upwards. The tumour on the right side was 12 *centimètres* long by 7 *centimètres* broad; that on the left side was 13 *centimètres* by 8. The former descended somewhat lower than the other; but that on the left reached as far upwards as the internal orifice of the inguinal canal. The tumour on the right side was a little more projecting, more regular, and softer. That on the left side presented several lobules, of about the size of an almond, formed by the lymphatic glands. With these slight differences, the tumours were alike on the two sides. The skin presented no change of colour; it had not that bluish tint which is observed in varix and some subcutaneous erectile tumours. The surface was regular, perfectly normal, without that orange-rind appearance of the skin which is observed in varix of the superficial lymphatic network. No lesion or alteration of any kind could be detected in the two lower limbs. The skin was perfectly movable over the tumours, which could also be readily moved over the deeper parts. The swellings were soft, could be compressed in every direction, and felt like lipoma, from which, however, they differed in being reducible. Another diagnostic sign was furnished by the rarity with which symmetrical lipomata exist, without the presence of other similar tumours irregularly scattered elsewhere. During about four months, the patient had complained every three or four days of vertigo, accompanied by dyspepsia; the symptoms were removed by lying down and simple treatment. This reminded M. Trélat that a patient whose case was described in 1854 by MM. Desjardins and Gubler, and who had lymphatic fistulæ, was troubled by *malaise*, nausea, and vertigo, when she had lost a considerable quantity of lymph; and that a patient seen by Amussat had severe symptoms which ended fatally. M. Trélat's patient, however, had lately been very anxious about his disorder; and this alone might be sufficient to account for the dyspepsia and vertigo. Moreover, the vertigo had occurred only once during his voyage, and not since his arrival in France; since which his digestion had been very regular, and he had been able to bear exertion more easily than in Bourbon.

M. Trélat observes, that lymphatic varix appears especially frequent in warm countries. Thus, Amussat's patient was from the island of Bourbon; that of MM. Desjardins and Gubler from the Mauritius. Of four patients observed by M. Nélaton, two were originally from Brazil or the colonies; and Drs. Saint-Perne and Petit, who have practised in Bourbon, have informed M. Trélat that of several instances of lymphatic tumours in natives of that region, the patients were mostly young, the ages varying from 17 to 23; one only was 39 years of age.

M. Trélat did not entertain the idea of removing the tumours; and in this he was supported by the experience of M. Nélaton. Some years ago, M. Nélaton,

at the urgent request of a young man, decided on excising one of these lymphatic tumours. The diagnosis being uncertain, an incision was made over the mass, when a considerable quantity of thickish milk-like fluid escaped, leaving only irregular flaps, and some beaded filaments which were removed. The patient, a young robust man, was soon seized with rigors and symptoms of purulent absorption, and died. The tumour on the opposite side, which had not been operated on, was injected with mercury by M. Sappey, and was shown to consist of a network of varicose lymphatic vessels.

Compression was applied in M. Trélat's case by one of Bourjeaud's bandages; which was, however, obliged to be modified several times to meet the difficulty experienced in keeping up pressure. This was the only treatment that had been employed; and M. Trélat was desirous of learning from his colleagues in the Society, whether it would be justifiable to attempt to evacuate the contents of the swelling through an artificial fistulous opening. Some observations, principally bearing on the diagnosis of lipoma, were made by MM. Verneuil, Morel-Lavallée, Guyon, and Larrey; and the unanimous opinion was expressed, that operation was not advisable.—*Brit. Med. Journ.*, Sept. 3, from *Gazette des Hôpitaux*, 5 July, 1864.

25. *Permanganate of Potash in Gonorrhœa*.—Dr. J. G. RICH, of Beachville, Canada West, states (*Canada Lancet*, July 15, 1864) that he has frequently employed, during the past two years, the permanganate of potash as an injection for gonorrhœa, and with the most satisfactory results, in some cases having effected a cure in forty-eight hours.

His usual mode of treatment is as follows: "R.—Potassæ bitart. ʒj; Podo-phyllin, gr. j.—M. In chart. No. IV. divid. S. One every two hours until free catharsis is produced.

"After which, R.—Potassæ permangan. gr. vj; Aquæ fontan. ʒj.—M. S. To be used as an injection three times a day.

"I direct at the same time the free employment of mucilaginous drinks, as althæa, ulmus, acacia, &c., and put the patient upon a non-stimulating regimen.

"Out of sixty-four registered cases this course of treatment has failed in but two instances. And I find that recent attacks usually become arrested by it after from three to six injections. I have found it advisable to continue the demulcents for at least a week after the cessation of the discharge. In none of all these cases was the injection continued after the fourth day.

"When accompanied by chordee, I usually employ the following: R.—Lupulin, ʒjss; Pulv. camphoræ, ʒj; Micæ panis, q. s.—M. Ft. mass. in pilulas xvi, dividenda. S. Two, three, or four on going to bed."

26. *Treatment of Syphilis*.—Dr. F. C. FAYE, Professor in the University of Norway, gives the following views as those which he has been led to adopt on this subject:—

In determining the comparative merits of a remedy or of a mode of treatment, in the disease in question, he observes, it is of importance, in the first place, to be agreed as to what is, properly speaking, to be understood by a radical cure of syphilis. The tests most relied on in deciding on the efficacy of treatment in effecting such a cure are, supposing all manifest signs of disease to have disappeared, the relative number of relapses which occur after apparent cure; and next, how far the posterity of the person treated enter the world healthy, and continue healthy during the first months or first years, as at a later period other and fresh causes may come into consideration. With respect to the number of relapses, syphilization may, according to the published statistics, claim to be more advantageous than the other modes of treatment with or without mercury. But in admitting this, it is necessary to remark that we are still ignorant how the comparison will stand after the lapse of time, for it will be remembered that some years ago syphilization held out hopes of a still more favourable result, it having been said that no relapses at all had been observed. But it appears from the reports that tertiary symptoms are now met with, and it is with special reference to the cases of relapse which may still be latent, that the second test above mentioned of the real or radical efficacy of a remedy becomes valuable.